



AUTHORIZATION FORM

This Authorization is HIPAA Compliant

Print Name of Proposed Insured:

Date of Birth:

SSN:

Driver's License #:

State:

The purpose of this Authorization is to permit National Brokerage Associates, Inc. to obtain and release non public personal information about me, the Proposed Insured named above, for the purposes of determining my eligibility for, and obtaining insurance products and services from one or more of the insurers or other institutions listed below.

I authorize any health plan, physician, health care professional, hospital, clinic, laboratory, pharmacy, medical facility, Pharmacy Benefit Manager or other health care provider that has provided treatment or services to me or on my behalf within the last 10 years ("my Providers") to disclose my entire medical record and any other information that may be considered protected health information under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") concerning me to National Brokerage Associates, Inc., and its staff, affiliated companies and/or entities, insurance companies and their re-insurers and the agent / broker who signed below. This includes information on the diagnosis or treatment of Human Immunodeficiency Virus (HIV) infection and sexually transmitted diseases. This also includes information on the diagnosis and treatment of mental illness and the use of alcohol, drugs, and tobacco, but excludes psychotherapy notes.

By my signature below, I acknowledge that any agreements I have made with my Providers that restrict disclosure of my medical records and any associated HIPAA protected health information do not apply for purposes of this authorization and I instruct my Providers to release and disclose my entire medical record without restriction. I understand that the information contained in these records may be used only for the purposes of the procurement, or the evaluation or underwriting for the possible procurement, of life, health, long term care, or other insurance products. In connection therewith, I specifically authorize National Brokerage Associates, Inc. and the companies listed below to release information about me to their reinsurers, underwriters or other persons or organizations performing business, professional or insurance functions for them.

This Authorization shall be effective for twelve months after the date signed below. I understand that I am entitled to receive a copy of this authorization. I understand that I can revoke this authorization by sending a written notice of this revocation to National Brokerage Associates, Inc., 9211 Corporate Blvd., Suite 255, Rockville, MD 20850 and that the revocation will take effect when received by National Brokerage Associates, Inc. Any action taken in reliance on this authorization prior to the notice of revocation shall be valid. I understand that any information that is used or disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and may no longer be protected by certain state and federal rules governing privacy and confidentiality of health information.

I acknowledge that I have read and understand the above authorization. I understand and acknowledge that each of the insurers listed on this form or to which I may formally apply, may require me to sign a similar authorization used exclusively by such insurer before they will process my application or offer insurance coverage. I further agree that a copy of this authorization, whether photocopy, carbon copy, or otherwise, shall have equal standing as if it were an original and can be relied upon by National Brokerage Associates, Inc., and/or any third party designated herein.

Proposed Insured's Signature/Guardian or Custodian/Authorized Representative:

Date:

Broker/Agent/Agency/Firm Signature:

Date:

Companies to Which This Authorization Applies:

Accordia Life	Legal & General America	Principal Life Insurance Company
Allstate Life Insurance Company	Lincoln Life & Annuity Co. of NY	Protective Life Insurance Company
American General Life Insurance Company	Lincoln National Life Insurance Co.	Protective Life Insurance Co. of NY
American National Insurance Company	Mass Mutual	Prudential Life Insurance Co. of America
Athene Annuity and Life Co.	MetLife Insurance Company USA	PRUCO Life Insurance Company
BrightHouse Financial	Minnesota Life Insurance Company	SBLI of Massachusetts
Cincinnati Life	Mutual of Omaha Companies	Securian
Columbus Life	Nationwide Life & Annuity Insurance Co.	Security Mutual
Equitable Life Insurance Company	Nationwide Life Insurance Co. of NY	Symetra Life Insurance Co.
Fidelity & Guarantee	New York Life	The United States Life Insurance Co. in the City of NY
Genworth Life Insurance Companies	OneAmerica Company	Transamerica Financial Life Insurance Co.
John Hancock Life Insurance Co. of NY	Pacific Life	

PRIVACY POLICY

At National Brokerage Associates, Inc., protecting your privacy is very important to us. We are strongly committed to safeguarding the information you provide us and to using it responsibly. Because of our commitment to you, we have adopted and adhere to the below policy regarding the privacy of your personal information.

Collection of Information:

We may collect nonpublic personal financial information about you from some or all of the following sources:

- Information we received from you on applications, new account forms and fact-finding questionnaires
- Your transactions with us, our affiliates, and those product sponsors with whom we have vendor agreements or other arrangements for the provisions of services to you
- Information we receive from non-affiliated third parties, including, but not limited to consumer reporting agencies
- Affiliated and unaffiliated product sponsors with whom we have selling relationships and whose products you own

Disclosure of Information

We will not share nonpublic personal information concerning our potential, current or former customers with affiliated or unaffiliated third parties, except as permitted by law. Nor will we share this information for marketing purposes, except as permitted by law.

Generally, we may disclose customer nonpublic personal information to affiliates and non-affiliated third parties that provide services to us or have contracts with us to supply the products or services that you have requested through us. Examples of third parties with whom we may share your information include:

- Insurance companies
- Mutual fund companies
- Insurance support organizations
- Other product sponsors to effect purchases and sales and allow for the servicing of your account
- Your agent or broker/dealer
- Clearing agencies through whom we clear and settle securities transactions
- Third party investment advisory firms with whom we have relationships for the management of customer advisory accounts
- Businesses, such as banks and other financial institutions with whom we have an agreement for the marketing and sale of products and services
- Regulatory or law-enforcement authorities
- Record keeping companies

Where we share your nonpublic personal information with third parties for the purposes noted above, we ensure that there are contractual restrictions on their use and disclosure of that information.

Protection of Information:

We have security practices and procedures in place to prevent authorized use or access to your nonpublic personal information. Within National Brokerage Associates, Inc., your information is only available to those individuals requiring access to process or service your transactions with us, and those fulfilling compliance, legal or audit functions on our behalf. We maintain physical, electronic, and procedural safeguards to ensure the protection of your nonpublic personal information in accordance with state and federal privacy regulations.



National Brokerage Associates, Inc
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Securities offered through The Leaders Group, Inc., Member FINRA/SIPC,
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National Brokerage Associates, Inc. is not affiliated with The Leaders Group, Inc.